

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
2						
3						
4						
5						
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47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	18					
TOTAL CLAIMS	19	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

~~MULTIPLE~~ DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		FIRST AMENDMENT		SECOND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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4						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51	X					
52	/					
53						
54	X					
55						
56						
57						
58	X					
59						
60						
61						
62	X					
63						
64						
65	X					
66						
67						
68	X					
69	/					
70						
71	X					
72						
73	X					
74						
75						
76						
77						
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79						
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81						
82						
83	/					
84						
85						
86						
87	X					
88						
89						
90						
91						
92						
93						
94						
95						
96	X					
97						
98						
99						
100	X					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						